



CITY OF DECATUR, ILLINOIS APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Human Resources w #1 Gary K. Anderson Plaza w Decatur, Illinois 62523-1196 w Telephone 217-424-2805 w www.decaturlil.gov

PLEASE PRINT OR TYPE		Position Desired Legal Assistant		Date	
Last Name		First Name		Middle Initial	
Street Address		City		State Zip Code	
E-mail Address				Daytime Telephone () -	
				Alternate Contact Telephone ** () -	
** Alternate contact telephone number MUST be different from your daytime telephone number.					
Are you a citizen of the United States?		If not, do you have a legal right to live and work in the U.S.?		Have you filed a declaration of intent to become a citizen of the U.S.?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have a valid driver's license?		Class _____ License Number _____ State _____			
<input type="checkbox"/> YES <input type="checkbox"/> NO					
Do you have any restrictions?		If yes, explain _____			
<input type="checkbox"/> YES <input type="checkbox"/> NO					
Has your license ever been suspended or revoked?		If yes, explain _____			
<input type="checkbox"/> YES <input type="checkbox"/> NO					
Are you a veteran?		Branch of Service _____ Rank _____		Type of Discharge _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO					
Date of Entry _____		Date of Discharge _____		Are you a member of the Active Reserve? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Type of Military Training _____					
Are you presently employed by the City of Decatur?		Have you ever been employed by the City of Decatur?		If so, where and when? _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION

	Name and Address of School	Course of Study Diploma or Degree	Circle Last Grade Completed				Did You Graduate?
High School			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO
			Last Year Attended:				
College			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO
			Last Year Attended:				
Other (Specify)			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO
			Last Year Attended:				

G.E.D. Did you receive certificate? ☐ YES ☐ NO

SUMMARY OF OTHER TRAINING, SPECIAL SKILLS, EQUIPMENT YOU CAN OPERATE, SPECIAL LICENSES, ETC. _____

Begin with your present and most recent job and list fully and accurately the details of each position.

Employer Name & Address _____
Job Title _____ From Mo./Yr. _____ To Mo./Yr. _____
Starting Salary _____ Ending Salary _____ Reason for Leaving _____
Description of Duties _____

Did you supervise employees? _____ If yes, how many? _____

Name & Title of your immediate supervisor _____

May We Contact This Employer? ☐ YES ☐ NO Telephone Number _____

Employer Name & Address _____
Job Title _____ From Mo./Yr. _____ To Mo./Yr. _____
Starting Salary _____ Ending Salary _____ Reason for Leaving _____
Description of Duties _____

Did you supervise employees? _____ If yes, how many? _____

Name & Title of your immediate supervisor _____

May We Contact This Employer? ☐ YES ☐ NO Telephone Number _____

Employer Name & Address _____
Job Title _____ From Mo./Yr. _____ To Mo./Yr. _____
Starting Salary _____ Ending Salary _____ Reason for Leaving _____
Description of Duties _____

Did you supervise employees? _____ If yes, how many? _____

Name & Title of your immediate supervisor _____

May We Contact This Employer? ☐ YES ☐ NO Telephone Number _____

CHARACTER REFERENCES

List three persons other than former employers or relatives who would have knowledge of your qualifications for the position for which you are applying.		
NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

BEFORE SIGNING THE APPLICATION, CHECK FOR ERRORS OR OMISSIONS

CERTIFICATE OF APPLICANT: I hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief, and I understand and agree that any misrepresentations or omissions of material fact herein subjects me to disqualification or dismissal. I further understand that my classification as an employee depends upon successfully performing assigned work during a probationary period, where applicable.

I understand that my application will be processed in a confidential manner. I authorize release of any records pertaining to my education, employment, police, and/or personal references to the City of Decatur.

Date

Signature of Applicant